

# ICER

UPDATE

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## ERIC News

### HIV Seroprevalence and Risks in Veterans with Severe Mental Illness

One area of interest for VA research is the health, and health-care-service issues, relevant to veterans with severe mental illness (SMI). SMI diagnoses include disabling disorders such as schizophrenia, schizoaffective disorder, and bipolar disorder. Another particularly disabling mental disorder for veterans is post-traumatic stress disorder (PTSD). People with SMI may be at a higher risk of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and associated infections than is the general population. Marian I. Butterfield, MD, MPH,



Marian Butterfield, MD, MPH

and Keith G. Meador, MD, MPH, are addressing this combined health risk in their study "HIV Sero-prevalence and Risks in Veterans with Severe Mental Illness." Their VA ERIC study is linked to a larger National Institute of Mental Health (NIMH) funded study to assess the risk of HIV and related infections among SMI individuals.

Beginning in January 1998, the NIMH Office on

AIDS began funding a four-site collaborative study entitled "Assessing HIV/AIDS and Associated Health Risks in People with Severe Mental Illness." The four sites are: Dartmouth, University of Connecticut, Duke University, and the University of Maryland. A fifth site, the Durham VA, is the only VA site represented in the study and is totally supported by the Department of Veteran Affairs. Despite the current HIV epidemic and the high prevalence of SMI in veterans using VA health care, this area of research has not been well addressed in the VA. Drs. Butterfield's and Meador's objective for the study is to

determine the prevalence of HIV and other related infections among veterans with SMI. They also hope to: 1) establish a database for the longitudinal study of veterans with SMI; 2) gain better information about HIV risk behaviors in SMI veterans; 3) clarify moderating factors (personal and sociocontextual), as well as psychiatric and substance abuse comorbidities, which have an impact on HIV risk behaviors in SMI veterans; 4) examine the impact of HIV risks on SMI veterans on health and functional status and health services use; and 5) study the effects of race, contextual risks, and veteran status on HIV risk behaviors in SMI veterans.

By March of this year, Drs. Butterfield's and Meador's study had completed one year of the two year enrollment period by collecting data from 240 patients. Participants have a one-hour structured HIV-risk-behavior interview. They are queried on behavioral risks such as intravenous drug use, alcohol abuse, and risky sexual practices. Each participant gives blood and urine samples which are tested for HIV, syphilis, hepatitis B and C, cytomegalovirus, gonorrhea, and chlamydia at the Durham VA Microbiology Laboratory. In addition, other experiences, such as exposures to trauma and violence that may predict risk behavior, are being explored. Understanding the behavioral risks that adversely affect the health of SMI veterans is critical in guiding the Department of Veterans Affairs toward developing prevention and intervention strategies.

Preliminary results from the Durham VA site reveal that hepatitis C is a potential epidemic among veterans, including those with SMI. It has been found that SMI

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 Department of  
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patients have substantially higher levels of hepatitis C than what has been reported in community samples. There is a trend for SMI African-American patients to have higher hepatitis C prevalence rates than do Caucasian persons



Keith Meador, MD, MPH

with SMI. In the study sample, hepatitis C is also prevalent among veterans suffering from schizophrenia or PTSD.

Veterans with SMI who are infected with hepatitis C may increasingly rely on the VA health system for care, with substantial cost implications. Further studies are necessary to determine potential hepatitis C risk factors for SMI persons. Increased risk behaviors (intravenous drug and alcohol use) and increased social/contextual risk factors (community, violence, poverty, and trauma) have been associated with race/ethnicity and may impact on hepatitis C and its associated risks. Research directed toward understanding hepatitis C prevalence, transmission, risks, and progression in SMI veterans is essential.

For the overall study representing all five sites, the master data set of 969 patients, which is the number of subjects attained through December 31, 1998 is entering completion, and the concepts for the initial analysis and manuscripts are being discussed.

## Biostatistics News

### Karen Stechuchak Recognized for Outstanding Effort

On May 6, 1999, Dr. Eugene Oddone, Chief, HSR&D Service, recognized Karen Stechuchak, MS, for her "outstanding effort and achievement." Karen is one of four master's level statisticians in the ICER biostatistics unit. She has been with HSR&D Service since July, 1997. Since that time, the scope of statistical support provided through health services research has grown significantly.

During this period of growth Karen has played a pivotal role in improving the efficiency of data and statistical services provided to health services researchers. Her technical acumen was felt immediately as she helped develop and maintain a unique Access® toolbox for use in data management (see *ICER Update*, Volume I, No. 2.). Karen is also instrumental in Durham's application of the Palm III Connected Organizer® for electronic data collection, and development of the Active X® component which allows for direct importation of data collected on the Palm into Access.

Karen's programming skill is matched in her skill for careful analysis. Her work is always of the highest quality. A recent effort to spiral the electronic data collection to remote sites in the "Race Patient Preferences and Stroke Risk Reduction" (ECV97020)\ project was a success due to Karen's willingness to work significant overtime.

Karen's enthusiastic response to the needs of the stroke project, as with all projects, prompted a decision to recognize her efforts with a special award from the biostatistics unit. Dr. Lauren McIntyre, director of the unit, determined that recognizing Karen and presenting her with a gift of Joseph Fleiss' book, *Statistical Methods*



Karen Stechuchak, MS

for Rates and Proportions, would set a precedent for recognizing outstanding effort within the ICER Biostatistics Unit. Dr. Oddone presented the book to Karen during the recognition ceremony on May 6, 1999.

Karen is a former resident of Auburn, New York, where she attended Cayuga Community College before moving on to State University of New York at Geneseo where she received a BA in Mathematics. She continued with graduate studies at Purdue University in West Lafayette, Indiana where she completed her MS in Statistics. She is a member of Phi Theta Kappa and Pi Mu Epsilon, statistics and math honor societies respectively.

Karen would like to thank Drs. Lauren McIntyre and Eugene Oddone for this award, and express appreciation to Dr. Ken Goldberg and the ICER Biostatistics Unit for all their assistance and support.

## Center News

### Employee Travel

It's 1:00 a.m. on a Monday morning. The phone at your bedside rings. You lift the receiver to speak, only to mumble something incoherent. A voice asks, "How do you spell 'Kwascha'?" After a few false starts, you struggle through your surreal spelling quiz. Continuing the conversation with your caller, a little more awake, you discover that Dr. Eugene Oddone, the HSR&D Director, is calling from the Boston Airport. "I can't remember where I'm supposed to stay," he says. "I left my itinerary locked in my car at the Raleigh-Durham Airport. I need to spell Glenda's last name for the long-distance operator. Glenda will know where I'm staying." Glenda Kwascha has been the fount of essential travel information for HSR&D since January, 1991. Desperate travelers seek

her out, day and night. She always responds to the lost and bewildered, no matter what the hour.

Glenda came to HSR&D by way of GTE Products Corporation in Durham, North Carolina, where she worked as an Office Manager. She is a native of Wilmington, North Carolina. She attended New Hanover High School, and received a B.A. in Secondary Education from the



Glenda Kwascha

University of North Carolina at Wilmington. She currently resides in the RTP area with her cat, Cinderella, and her husband, George.

HSR&D staff have made more than 75 business trips since October 1, 1998, the beginning of the current fiscal year. Reasons for the trips vary, but in many cases, HSR&D staff are attending annual and regional meetings related to a

VA funded project, or other scientific research.

Glenda has put together a number of suggestions and observations relevant to a government employee faced with work-related travel.

### Preparation and Planning

Two to four weeks before a known departure, give the travel secretary required information on the reason for travel, and the dates and location of the meeting. The secretary will confirm availability of funds, and obtain flight information from the government contract travel agency to review.

### Confirming Reservations

At the traveler's request, the secretary can confirm hotel and conference registration requirements. Often the secretary must locate a hotel that honors government per diem rates and is close enough to the meeting location to avoid the need for excessive use of taxis or shuttles. The traveler is responsible for expenses in excess of the government per diem and ordinary allowances. Prudent spending is wise — travel funds are tax dollars! Airline ticket reservations are booked by the secretary for a coach-rate flight selected by the traveler.

### Travel Orders

A Request for Travel is completed by the secretary to be signed by the traveler. The form must be approved by the appropriate supervisor for submission to the employee travel section of Fiscal Service (04T). Fiscal Service verifies all approvals and develops the requested Travel Authority. An airline ticket (if needed) is provided to Fiscal Service by the government contract travel agency for distribution to the traveler. Once traveling, the employee will be in travel status for timecard purposes. Overtime is not paid for travel, only per diem.

### Itinerary and Summary Information

The secretary should compile essential information to be given to the traveler. Airline information should include the flight numbers and connection times, and the travel agency and/or airline number. A list of alternative flight times is useful when changes need to be made during the trip. Hotel and conference information should include the name, location, telephone number of the hotel, and the reservation confirmation number. Information on taxi/shuttle arrangements, and directions to the hotel and conference site should also be included. For the new traveler, a reminder list of receipts to be saved is helpful. Don't forget to save the airline ticket, and the hotel bill!

### Preparing the Reimbursement Paperwork

A Request for Reimbursement voucher is the primary responsibility of the government employee traveler. The secretary can assist with completing the form, but the employee is responsible for the completeness of all claims. The traveler must sign the voucher submitted.

With a little preparation, and genius to profit from Glenda's experience with travel, you may never have to call a colleague in the middle of the night seeking out The Kwascha. You may also never need to call the office answering machine in the early morning hours, as did our Associate Director, Dr. Ron Horner, only to rue a decision to fly to Jackson, Mississippi, through Cincinnati in the middle of winter weather. Ronnie kicked himself for being stuck on the ground in Ohio with a cancelled flight, "I should have listened to Glenda when she suggested that I take a later flight through Atlanta — no ice there!"

## HSR&D News

### Fellowship Update

Vance Fowler, MD

Since July 1997, Vance G. Fowler, MD has been participating in a two-year HSR&D fellowship in Durham in the area of infectious disease. Starting July 1, at the end of his current VA funded fellowship, Dr. Fowler will join the faculty of Duke's Department of Medicine as an Associate in the Division of Infectious Diseases. Dr. Fowler has received a K23 grant, a five year career development award, from the National Institute of Health to pursue patient-oriented research in the pathogenesis of *S. aureus* bacteremia.

Dr. Fowler's professional interests focus on an academic career of patient-oriented research with a long-term career objective to develop into an independent clinical investigator focused on patients with infectious diseases. Since 1994, Dr. Fowler's research has been centered on identifying important determinants of poor clinical outcome in patients with *S. aureus* bacteremia, utilizing a cohort of over 500 consecutive patients with



this condition collected for more than four years. Future research will focus on the impact of pathogen-specific characteristics upon the clinical outcome of patients with *S. aureus* bacteremia. Having saved the bacterial isolates from each of these 500 episodes of *S. aureus* bacteremia Dr. Fowler says he will be in a unique position to explore the role of staphylococcal virulence factors upon the clinical outcome of a bacteremic episode. He believes "...that patient care is a vital component of any clinical research effort." During his fellowship Dr. Fowler has been working with Dr. Eugene Oddone as his mentor.

As an undergraduate, Dr. Fowler attended Duke University, where he was the recipient of a four-year North Carolina Honors Scholarship, graduating cum laude in 1988. He entered the University of North Carolina at Chapel Hill's School of Medicine where he was an Alpha Omega Alpha graduate in 1993. He was both an intern and resident in internal medicine at Duke University Medical Center, in Durham, NC, from 1993 through 1996. He has been a fellow in infectious diseases at Duke University Medical Center since 1996. He is currently pursuing a Masters in Health Science from Duke University's Clinical Research Training Program, expecting to graduate in 1999. Recently he was selected to participate in the American Medical Association's National Focus Group on Clinical Research. Dr. Fowler is a member of the Infectious Diseases Society of America, the American College of Physicians, the North Carolina Medical Society, and the North Carolina Infectious Diseases Society.

Dr. Fowler has considerable publication experience. He has co-authored eighteen journal articles, ten of which he is the lead author. He is also co-author of four journal articles waiting to go to press, is co-author for three submitted for publication, and is co-author for seven manuscripts in preparation. He is also the sole author of one and co-author of a dozen abstracts.

In addition to publications, he has a teaching background as well. He was the Assistant Chief Resident for 1996. He has been a lecturer for Duke's Physicians Assistant Course on Physical Diagnosis for both 1998 and 1999, a lecturer at the Duke Outpatient Clinic resident conference for 1998-99, and is Coordinator for the Fellows conference series for Health Services Research and Development for 1999. He was also nominated for the Golden Apple Teaching Award in 1998.

Dr. Fowler made a commitment to a career in patient oriented research early in his medical training and has stayed the course ever since. While a medical student at



Vance Fowler, MD

the University of North Carolina, he investigated the presence of tumor marker antigens in the urine of sarcoma patients and compared clinical characteristics of patients with various complications of hemoglobinopathies. Halfway through medical school he also initiated and obtained funding as a principal investigator for a one-year study of patients with malaria, spending his 1990/91 year in a Tanzanian rainforest. At the end of his last year of medical school Dr. Fowler spent three months in medical mission work in Zambia. As an Internal Medicine resident at Duke University, he had many opportunities to participate in patient-oriented research involving Rocky Mountain Spotted Fever, bacteremia, and infective endocarditis. During his residency he also spent three months in Brazil conducting clinical research on paracoccidioidomycosis.

## Jaya K. Rao, MD, MHSc, Career Development Awardee

Jaya K. Rao, MD, MHSc, joined Durham VA HSR&D Services, this May, as a Career Development Awardee. Dr. Rao, however, is not new to the Durham VA; from 1992 through 1994 she held a two-year HSR&D fellowship. Her areas of interest are in the role of diagnostic testing in evaluation of rheumatologic and musculoskeletal conditions, patient-centered care, and complementary and alternative medicine.

For her Career Development Award, Dr. Rao is concentrating her research on diagnostic testing in musculoskeletal syndromes, and patient-centered care research. First, she is conducting a study to examine the utilization patterns of magnetic resonance imaging studies by primary care physicians when they evaluate patients with low back pain. Second, she is an investigator on two funded, patient-centered randomized clinical trials being conducted in Indianapolis: one study evaluates a psychosocial intervention for low back pain, and the other VA-based study evaluates a model of mental health care that is integrated within the primary care setting. Finally, she is developing a VA project designed to improve the patient's communication with their primary care physician about their concerns and expectations for the clinic visit.

In the area of complementary and alternative medicine, Dr. Rao has completed a two-year study, funded by the Picker/Commonwealth Scholars Program. This study aimed to understand patients' (including veterans) motivations for using complimentary



Jaya Rao, MD, MHSc

therapies for arthritis and determine if this behavior affects important patient outcomes, such as functional status, satisfaction and compliance. Patient-centered measures developed as part of this study were administered to consecutive patients seen in university- and community-based rheumatology clinics at baseline, 6 and 12 months. Analyses of this longitudinal database are in progress.

Dr. Rao grew up in Florida and attended the University of Florida in Gainesville where she received a B.S. in Microbiology in 1983. She continued at University of Florida, receiving her M.D. there in 1987, and then went on to the University of Virginia Hospitals in Charlottesville, from 1987 to 1990, to complete her residency in Internal Medicine. Dr. Rao then had a four-year fellowship, from 1990 to 1994, in Rheumatology at Duke University Medical Center. It was during this period that she entered and completed her two-year fellowship with HSR&D Services. Dr. Rao went on to an Epidemic Intelligence Service Fellowship with the Centers for Disease Control and Prevention in Atlanta from 1994 to 1995. During this same period she was a staff physician, Rheumatology Section, for the Atlanta VAMC. From 1995 through April, 1999, Dr. Rao was Assistant Professor of Medicine at the Indiana University School of Medicine in Indianapolis. While in Indianapolis, at the Roudebush VAMC, she was a staff physician in Ambulatory Care Service, 1995-1999; a research scientist, in Health Services Research, 1995-1999; and an Affiliated Research Scientist at the Regenstrief Institute from 1995-1999. In 1997, she began a five year Career Development Award as a research associate with the Indianapolis VAMC, which she is continuing in Durham. Her mentors for this award are Dr. Eugene Oddone and Dr. Morris Weinberger.

Dr. Rao has considerable publication experience. She is first author for eight of eleven co-authored journal articles; first author and co-author on two book chapters; and is first author of ten of eleven co-authored abstracts. She has teaching experience in the supervision of housestaff in general medicine and rheumatology clinics as well as inpatient medicine service. She is a member of the American College of Physicians, the American College of Rheumatology, the Association of Health Services Research, and the American Medical Women's Association.

## Dean Reker Transfers to VAMC-Kansas City

Dean Reker, PhD, project manager for the study "Processes, Structures, and Outcomes of Post-Stroke Rehabilitation Care," has transferred to the Kansas City, Missouri, VA Medical Center to work more closely with Pam Duncan, PhD, the project's principal investigator. Ron Horner, PhD, is the co-principal investigator for this project. Dr. Reker has been with the Durham VA Medical Center since July, 1996.

Begun in January 1998, this two year study's focus has been to assess the entire episode of rehabilitation care in both VA and non-VA facilities. Approximately 70% of all stroke survivors receive some type of rehabilitation but the access to and effectiveness of rehabilitation services has received little critical evaluation. Previous and ongoing research has identified marked variability in structures and processes of care in the VA system. Studies in non-VA facilities have shown that structure is related to patient outcomes. This study will evaluate access to rehabilitation services by assessing variation and ongoing changes in structure and process of care for veterans in post-stroke rehabilitation care. It will evaluate the relationship between structures and processes of stroke care and risk-adjusted outcomes and provide feedback to facilities and VISN's about structure, processes and outcomes of care. The results of this study will provide data needed to more rationally select sites, establish processes of care, and improve the access and effectiveness of stroke rehabilitation for veterans.

## Recent Publications

HAYDEN B. BOSWORTH and K. Warner Schaie. "Survival Effects in Cognitive Function, Cognitive Style, Sociodemographic Variables in the Seattle Longitudinal Study" **Experimental Aging Research** 1999; 25:121-139.



Denise Hynes, Domenic Reda, Anita Giobbie-Hurder, Mazen Abdellatif, Morris Weinberger, EUGENE ODDONE, John Wasson, and William Henderson. "Measuring Costs in Multisite Randomized Controlled Trials: Lessons From the VA Cooperative Studies Program" **Medical Care** 1999; 37: AS27-AS36.



VANCE G. FOWLER and DJ Sexton. "Septic Arthritis." **Infectious Diseases in Clinical Practice** 1999; 8(1): 3-8.



Frank A. Lederle and DAVID L. SIMEL. "Does This Patient Have Abdominal Aortic Aneurysm?" **JAMA**, 1999; 281(1): 77-82

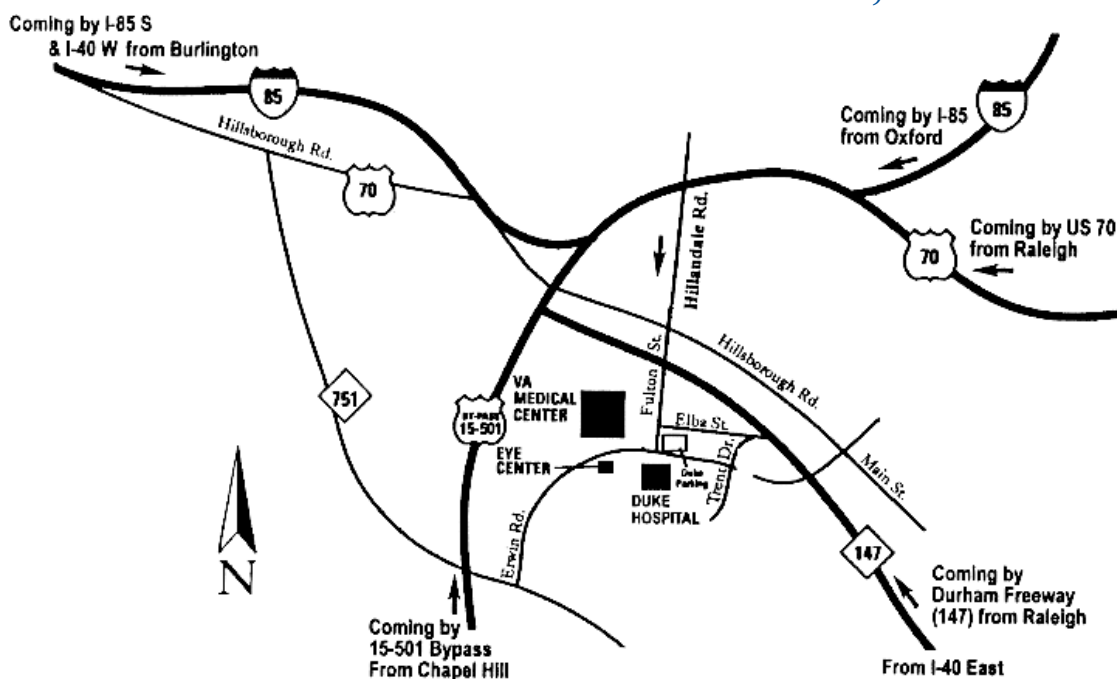


Allison B. Rosen, VANCE G. FOWLER, Ralph Corey, Stephen M. Downs, Andrea K. Biddle, Jennifer Li and James G. Jollis. "Cost Effectiveness of Transesophageal Echocardiography to Determine the Duration of Therapy for Intravascular Catheter-Associated *Staphylococcus aureus* Bacteremia." **Annals of Internal Medicine**, 1999; 130: 810-820.

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The Institute's mission is to provide quality information on issues regarding the organization, financing, and delivery of veterans' health care, and to build the epidemiological capacity of the Veterans Health Administration through the generation, synthesis, and dissemination of epidemiological information. The Institute also has a mission to educate health professionals through a spectrum of training grants in the techniques of health services and epidemiological research.